

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445343	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/10/2014
NAME OF PROVIDER OR SUPPLIER BRIDGE AT SOUTH PITTSBURG, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 EAST 10TH STREET SOUTH PITTSBURG, TN 37380		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interviews, it was determined the exits were not readily accessible.</p> <p>The findings included:</p> <p>On 2/10/14, observation during the fire drill and interview of 12 staff members revealed the staff did not know the code for the back up door locks on the exit. Doors did unlock during the fire alarm activation.</p> <p>This finding was verified by the maintenance director and verified by the director of nursing during the exit conference.</p>	K 038	<p>K 038 Exit Access are required to be Readily Accessible at all times.</p> <p><u>Residents Affected/Potentially Affected:</u> Residents of the facility have the potential to be affected by the cited deficient practice.</p> <p><u>Systemic Measures:</u> The Plant Ops Director immediately changed all exit door codes and immediately in-serviced all facility staff on 2/12/2014.</p> <p><u>Monitoring Changes:</u> The Plant Ops Director will place checking the proper operation of the exterior doors on the TELs System. This will include checking for release upon activation of the facility Fire Alarm System. Any failure to release doors when the Fire Alarm system is activated, will be corrected immediately by the Plant Ops Director. Results of these checks will be reported at the monthly QA meeting by the Plant Ops Director.</p>	03/16/2014	
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility did not maintain electrical wiring and equipment.</p> <p>The findings included:</p> <p>Observation of rooms 112, 113, 114, 118, and</p>	K 147	<p>K147 Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2.</p> <p><u>Residents Affected/Potentially Affected:</u> Residents of the facility have the potential to be affected by the cited deficient practice.</p> <p><u>Systemic Measures:</u> The Plant Ops Director completed a 100% assessed of Resident Rooms # 112,113,114, 118 and 208 to confirm that the oxygen concentrators are not being plugged into the power strips. The Plant Ops Director will complete a 100% in-service of all facility staff regarding not utilizing power strips to power oxygen concentrators.</p>	03/16/2014	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 147	Continued From page 1 208, revealed oxygen concentrators plugged into power strips. These findings were verified by the maintenance director and acknowledged by the Director of Nursing during the exit conference.	K 147	<u>Monitoring Measures:</u> The Plant Ops Director will check for misuse of power strips during routine rounds. Dept. Managers will also make this part of their daily observations within the facility. Any misuse of power strips will be corrected immediately and stakeholders re-in serviced at that time. Results of the Plant Ops Director's routine rounds will be reported at the monthly QA meeting.		